

# Emergence of American Nursing Schools: 1872 - 1930's

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## The Foundation: Florence Nightingale Training School St. Thomas Hospital

After the Crimean war Florence Nightingale received funding to start a school of nursing in conjunction with St. Thomas Hospital. Funding came from several sources including 4000 £ from soldiers who had fought in the Crimean war. Sir James Pakington proposed a resolution that funds be raised to "enable her to establish an institution for the training, sustenance, and protection of nurses and hospital attendants".<sup>i</sup> Unfortunately, Miss Nightingale's health prevented her from personally carrying out her plans for nurse training. Instead a Mrs. Wardroper, matron of St. Thomas Hospital, was responsible for organizing and operating the school. Mrs. Wardroper was described by Florence Nightingale, as "the perfect example of the old fashioned military matron".<sup>ii</sup> The school opened June 15, 1860 with 15 pupil nurses. The administration of the school was separate from hospital administration.

St. Thomas Hospital c. 1871



Florence Nightingale's plan proposed that women trained in nursing care were to work in hospitals and infirmaries after graduation; they were not trained for private duty care in the home. Graduates were encouraged "to become pioneers, teachers and 'regenerators' in hospital management and nursing systems,"<sup>iii</sup>. As vacancies occurred in the staff of St. Thomas Hospital, these were filled with Nightingale nurses; as positions opened in other hospitals, Nightingale trained nurses were sent to other hospitals to train nurses in the Nightingale method, thereby acting as 'regenerators'.

Nightingale believed that that nurses should receive their technical training in hospitals, and live in a "home fit to form their moral life and discipline".<sup>iv</sup> The probationers, as the pupil nurses were called, agreed to remain in the service of the school for three years after the first year of classes and lectures. After the first year the nurse's name was entered in the school's register as a certified nurse. No written certificate was given. For the next three years, the nurses were paid in money and clothing. When the four years of service were completed, the Nightingale committee secured hospital positions for the certified nurses who were not allowed to make engagements except through the committee. A three month notice was required if they wished to leave employment.<sup>v</sup>

## Nursing Education in America: 1872 - 1930's

Just as in England at the end of the Crimean war, the Civil War became the impetus for the establishment of the training schools in America. In America, the first schools for nurses were established after the war and from those there was a steady increase in the number of hospital nurse training schools in America.

While the hospital training schools in the United States were considered to be based on the model created by Florence Nightingale, there were basic differences between the English Nightingale model and the United States Nightingale model. In America training schools were

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administered by the hospital; the supervisor of nurses was also the director of the school. This was felt to be the best arrangement as the hospital was staffed by the student nurses. Schools were referred to as Training schools and they used an apprenticeship model. Their priorities were: "Service first, Education second" which meant that classroom work was not seen as important and took place only after the student's clinical work was completed. After graduation the nurses were expected to work as private duty nurses. A few graduates were hired by the hospital as supervisors or head nurses

### The first sixty years: Three Periods

According to Isabel M. Stewart<sup>vi</sup>, the first 60 years since nursing schools were first established divided itself into three periods of about 20 years each. While the periods can be considered as 'arbitrary', they do provide a general outline or order to the early years of nursing and nursing education. The **first period from 1873 to 1893** she termed the **pioneering period**. The pioneering periods' goal was not to build a finished educational structure but to lay the foundations of an adequate nursing service. The curriculum was a rather sketchy affair administered in a casual way. Each school developed their own nurse training courses. However, the outlines of curriculum were taking shape in the need of a more systematic program of instruction was recognized.

The **second period** Stewart identified was from **1893 to 1913**, referred to as **the 'boom' period** in nursing education. The system of hospital nurse training was so popular that practically every hospital wanted the school of its own. Hospital schools, multiplied. While many of the schools were sound; the overexpansion resulted in a decrease of standards as hospital schools felt they had the right to run their schools as they wished. There was a wide variation in admission standards, programs of instruction, and this resulted in a wide variation in the nurses, who graduated from these schools.

The **third period, from 1913 to about 1933**, Stewart refers to as the period of '**standard-setting and stock taking**'. Stewart believed that more than legislation was needed to bring nursing programs into some semblance of system in order. It required the best thinking and experience a professional groups in regarding to desirable objectives, standards, content, and methods of nursing education.<sup>vii</sup>

### **The Pioneering Period: 1873 - 1893**

It is generally accepted that the first Nightingale model nursing training schools were begun in 1873; in that year a trio of nursing schools were established within the wards of several important general hospitals: Bellevue (New York) the training opened on May 1, the New Haven (CT), on October 1, and the Massachusetts General on November 1, 1873

While not considered a Nightingale model training school, in 1872 at the New England Hospital for Women which was a maternity hospital and an all female physician hospital, two



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physicians, Dr. Susan Dimock and Dr. Marie Zakrzewska, began a training school. The school was not founded on the Nightingale model although the first pupil, Linda Richards, considered America's first trained nurse, did, after working for several years, travel to England to continue her education in Nightingale's principles. Linda Richards exemplifies the pioneering spirit and 'true grit' that was needed to succeed in the early days of nursing. It would seem to this author, that it would be best to let Linda Richards, tell her own story.

### *Linda Richards: In Her Own Words*<sup>viii</sup>



Linda Richards

"About the middle of August, I had received instruction to present myself at the hospital upon the opening day of the school. This I did and arriving at about 9 AM. I was shown into the reception room by a maid who said, "You are to wait here until the doctor comes to see you.". I had not long to wait until a small, very dignified and very pleasant little lady appeared and introduced herself as Dr. Dimock., saying to me, "You are Ms. Richards, I suppose." Upon my answering in the affirmative, she placed a chair near mine, telling me to be seated while she seated herself and, after asking me a few questions, she told me in the kindest way what some of my duties were to be and spoke earnestly of some of the necessary qualifications and a nurse, particularly did she mention gentleness and kindness, earnestness and promptness. When she had ended her little talk, which left an impression upon me, which has followed me all these long years since that time, she went with me upstairs and spoke to a nurse who came to us. After introducing me, she said, "This is our first nurse to enter the training school." This nurse was instructed to take me to my room, having get ready for duty and then take me to her ward where I was to act as her assistant. To say that the nurse greeted me cordially her kindly, would be stating an untruth. When has one ever seen old hospital nurses cordial to pupils entering the training schools? Of this the present probationers and pupil nurses know nothing, as all are in training, but the early nurses in training schools suffered not a little from the majority of the old hospital nurses who were very jealous of those who, they felt, would supplant them. And who, they in their own hearts new, would care much better for the sick under their care. The old hospital nurses, with whom the very early pupil nurses were of necessity thrown, like all of their class, and the first nurse I met upon entering the training school, so long as she remained in the hospital maintained the same attitude toward me as she did upon our first meeting. But our class which numbered five, was soon full and a more united class I have never seen. We cared very little for the scowls of those who would not enter the school themselves but would make it so unpleasant for those who did."



Dr. Susan Dimock

"At the end of my first two weeks of the school, the hospital was moved to a new building in Roxbury. . . . The new buildings consisted of a

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main or hospital building, which would accommodate 60 patients with a suite for the resident physician, rooms for the interns (then four in number) and nurses. The servants lived in a small cottage near the main building. In the rear of the main building was a two-story maternity building of two wards, one on the ground floor and one on the second floor. These wards accommodated six patients each, with a delivery room. There were nurses' rooms leading off the corridors and there was also room for an intern. Three nurses were assigned to these this building, one for each ward and one for night duty. The wards were used alternatively; one would be filled in while the patients were gradually going home, the other would be filled. As each ward was emptied it was very thoroughly cleansed. The nurses had none of this cleaning to do women scrubbers attended to that.

In the main building the wards were small. The larger wards contained four beds in a small ward two. A nurse's room was between these two wards and one nurse in charge of the two. If the six patients were not very sick she did her work alone, taking care for patients in day and night. If the cases were hard, she would be given some outside woman to assist her and someone would be called in to care for the sickest ones at night. This neither patients nor nurses liked, as the care given at night frequently counteracted the good done by day and the nurses would often find the sick patient crying in the morning, because hot compresses had only been warm all night or some other discomfort had been occasioned by having a woman knowing nothing of nursing. After six months of the school this is all changed as one of the pupil nurses was put on night duty and from that time on things were better."

"The hours of duty for nurses were from 5:30 AM to 9 PM with no particularly appointed times, off duty. If the wards were light, nurses might go out with some degree of regularity; if hard, the nurses must wait till they were light. The appliances were not like those of today. For instance for thermometers were large, clumsy things which bent at right angles, which had to be left in the axilla 15 minutes before the temperature could be read and must be read before removing the thermometer.

The course of training covered one year; three months being spent in the medical wards, three months in the surgical wards, three months in maternity, two months caring for private patients. In one month on night duty. . . . 12 most excellent lectures were given by the staff and these, with a few demonstrations and managing given by the young doctors are interns, were of great value to us. Our practical instruction was very largely given by Dr. Dimock, who was most careful in every detail. From the interns we've received very valuable instruction, and as they were all young women, our intercourse with them was in no

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way restricted in some of us found friendships which has continued throughout all these years in our strong today as they were at that time. No textbooks were to be had at the time of our training. The first pupils determined to make the most and best use of everything which came their way formed themselves into a class, and meet when occasion permitted, always after duty hours. By questioning each other and taking care to report any new thing, they manage to acquire considerable knowledge. The underlying principles of common nursing procedures were those now used. We had no demonstrations of either bathing or giving enemata, but we were carefully told, then watched and corrected if we made a mistake. While in a demonstration at the Massachusetts General Hospital recently, I saw only methods I have used in teaching years ago, the only change being in using dolls instead of living subjects. There are many and superior appliances and many more instructors, but the principles taught are the same. The beds look the same as ours did in the New England hospital. They are higher and not as hard to make as now but that is the only difference. I was complemented at Bellevue upon my bandaging and I really had very little instruction, but the members of our class practiced upon each other."

### Difficulties Encountered in Starting a Training School

Starting a training school was not always an easy task; in the beginning there were roadblocks, including objections from medical staff who initially, in some hospitals such as Massachusetts General Hospital, did not want a school. The physicians preferred their own nursing system and the nurses who they 'trained' and who obeyed their instructions without question. Certainly they did not want nurses trained under the Nightingale method which recognized "science as the supreme authority in the education of nurses".<sup>1</sup>

When the wards at Massachusetts General Hospital, under the new arrangement did not run smoothly, the nursing school was considered to be the whole cause of the trouble. The trustees told the training school committee that if they could place a graduate nurse in charge the school would be given another year's trial. But, if at the end of that time, the school had not been proved to be real value to the hospital, it would be given up. Linda Richards was hired and put in charge of the hospital and the training school. Ms. Richards took charge of all special night duty patients and gave her personal attention to all serious cases. She also carried out the general duties of supervision and teaching as a superintendent. She notes in her own diaries of that "she was blessed with an extra ordinary amount of strength". This situation was not unique; nursing required a very strong constitution and the ability to work with multiple levels of people, including physicians and the trustees of the hospital.<sup>ix</sup>

To give one an idea of what Linda Richards, and other trained nurses faced, the following story was told by Linda Richards in her memoirs when she was the superintendent of one of the new training schools in the early days.

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"In one of the large hospitals, where I was organizing a training school in those early days, before I had really taken hold of the work, but was finding my bearings before making changes, I was making rounds one morning when, upon entering a ward, I saw at a glance that a man in a bed near the door was dying. The nurse stood near, in full view of the man's face, quietly doing her morning dusting, and doing it well.

I stepped to the bedside, examined the patient's pulse, wiped the dampness from his face, and then, going back to the nurse, who was still dusting, I inquired, "How long has he been in this condition?" She looked up with a very blank expression on her face and asked "what condition?" I said. "Do you not know that the man is dying?" She answered with surprise, "why, no" I instructed her to send for the doctor at once, place screens around the bed, and stay with the patient as long as he lived and passed on. Later in the day, when I made rounds again, the nurse came to me and said, "Ms. Richards, would you mind telling me how you knew that man was dying?" I asked her how long she had been in that ward, and she replied two years. Then I said to her: "You have been in this ward all that time, with patients coming and going in with some dying; will you tell me how you can have been here so long and not know when a man is dying? I will tell you how I know: by caring for my patients, by carefully watching them and observing the changes from day to day and from hour to hour, by being interested in each one as a human being, entrusted to my care." This will give some idea of the quality of nursing before training schools were organized." <sup>x</sup>

Linda Richards continued to describe the difficulties encountered in trying to effect change at Massachusetts General Hospital:

"The training school committee were very kind indeed, and gave me all the support, but my days-yes, and many of my nights (for I often acted as special nurse to trying cases)-we've spent among those who wished me in any place but the one to which my duty called me; not a very pleasant picture to look back upon, and I seldom recall it, excepting for the purpose of contrasting it with the present. The plan of work in the wards was so unique that I will give a little sketch of the duties of one nurse for five days. This will describe the duties of each, as it was a rotary system. Nurse A, on Monday, had charge of the ward, attending to the duties of a head nurse; on Tuesday, she had entire charge of the food for the ward, with the usual rounds, also of pantry, washing all dishes, etc. Wednesday, she attended to the general cleanliness of the ward and linen closet; Thursday, she stood at the sink in the bathroom till noon and washed poultice-clothes and bandages; in the afternoon she slept, and went on duty Thursday night. Her hours, when on night duty, were supposed to be from 8 PM to 7 AM,

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but she reported for duty when she felt like doing so at any time before 10 PM; on Friday, she rested to be ready to start the round again Saturday. For nurses dearly loved, this method and bitter were the tears shed when the superintendent, whose training at the new England hospital under Dr. Dimeck had been thorough, though limited, thought well to change it."<sup>xi</sup>

### Life within an early training-school.

<sup>xii</sup>In America, the nurse training was an apprenticeship system. In the earliest training-schools, the new pupil was immediately sent to a ward where the head nurse, who was also the instructor, put her to work. A probationary period was soon established; the time varied from 2 or more months.. One of the problems in the early schools was lack of consistent standards.

Probationers-'Probies'-usually started immediately on the wards - making beds and other simple tasks. The program length was initially 1 year.; later increased to 2 then 3 years. As hospital administrators considered the pupil nurses as part of the work force; their early so-called



'training' included cleaning, food preparation, laundry and patient care. Nurse training had as it's background the military and religious philosophy of strict discipline with a strong emphasis on morality. . Superintendents , and later nursing instructors supervised every aspect of the pupil nurse's life.- obedience was expected at all times. Service came first, education second; there was no standard curriculum. Lectures on theory were given by physicians - usually in the evening to a tired group of pupils.

Superintendents of nurses taught 'hands-on'. care.

Nursing seen as women's work, the majority of schools only admitted females. There were, however, several schools of nursing for males. One example was the Mills School of Nursing for Men at Bellevue Hospital - 1888;and St. Vincent School of Nursing for men - 1888]

Hours were long :most pupil nurses worked 7 am to 7 pm with 3 hours off for dinner, study and recreation; night hours 7 pm to 7 am without time off<sup>xiii</sup>. Superintendents looked for not only strong moral character but physically strong young females. Even so, many students dropped out due to illness . While working conditions would not be tolerated today, women of the nineteenth and early twentieth century saw training as an opportunity for education, a useful occupation and, for some, preparation for marriage.

### Physician's Attitudes

Early physicians, noting the appalling conditions in hospitals, did not believe that hospitals were a 'proper place for ladies to visit, let alone care for patients. And, given the situation in hospitals such as Bellevue in the 1870's, their concerns were valid.

While many physicians acknowledged the role that nursing played in improvement in their patients' condition many were fearful that nursing would gain independence from medicine. In a 1908 speech Dr. William Dorland told the graduating class of the Philadelphia School of Nursing: : "If a little knowledge is a dangerous thing in most areas of employment, in nursing it is more than dangerous - it is fatal. Good nursing is not facilitated by too elaborate an education

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in professional matters; rather it is hampered or even rendered useless thereby. . .”a nurse may be over-educated; she can never be over-trained”.<sup>xiv</sup> The nurse was expected to be subservient: Dr. Hooker of the Springfield Hospital, Springfield, Massachusetts medical staff stated, while delivering the school of nursing's first graduation address: "Every nurse must remember that it is the attending physician's business to make a diagnosis of disease and hence that she should never hazard an opinion herself, under any circumstances."<sup>xv</sup>

### Benefits of Nurse Training Schools

The immediate benefit of the new training-schools were clean wards,, organization of work, and improvement in patient care with an increased number of patients who recovered. For hospital administrators the positive effect was not only on improvements in patient care but also the hospital's financial status - the 'bottom line' improved with the advent of a low cost supply of obedient students.

Physician attitudes began to change; they realized that their patients were receiving better care and this ,along with the advent of anesthesia, work of Pasteur, Koch and Lister in the development of antiseptic surgery resulted in more options in the care of their patients. Consequently, physicians admitted more patients to the hospital. Hospital size grew and with this growth came the need for more trained nurses. As new advances in medicine and surgery were made, patients required nursing care of a higher order than had been given by untrained 'nurses' however well motivated.

Some physicians wanted to have their own hospitals; it was not uncommon to have several small, private physician owned and operated hospitals in a community. Many of these hospitals had a nursing school; concerns arose regarding these small hospitals whether they were able to provide the necessary educational experiences.

### **Professional Organizations: Beginnings of Change**

#### Society of Superintendents of Training Schools (1893)

In 1893, at the start of what Stewart identified as the "boom" period, the Colombian<sup>xvi</sup> Exposition, was held in Chicago. Women, for the first time in an international exposition, had their own building; and a Congress on nursing was held. Isabel Hampton was asked to organize the nursing Congress, and did so in collaboration with the British nursing organizer Ethel Bedford Fenwick. Hampton and her colleagues were concerned about the proliferation of nurses training schools in the United States and the lack of uniformity in educational standards. Key professional issues identified were: (1) control over the number and types of nursing schools,(2) the need for an educational superintendents Association,(3) the need for a national organization of nurses, and (4) the registration of nurses.<sup>xvii</sup> In order to be able to accomplish their goals, the nursing superintendents formed the Society of Superintendents of Training Schools to "establish and maintain a universal standard of training".<sup>xviii</sup>

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In the next several years, the Society of Superintendents of Training Schools:

- Proposed an increase in program length to 3 years and decrease in work day to 8 hours. (Increase in length of program was accepted but the hours were not decreased.)
- Worked towards higher standards for education including: creating a standard curriculum. New training schools were usually formed by graduate nurses from one of the well known schools such as Bellevue, Mass General etc. The new superintendent brought a background of her program - as each new nursing school was formed, it developed its own curriculum.

In 1912, the Society of Superintendents of Training Schools name was changed to the National League of Nursing Education (NLNE). In 1956, the NLNE became the National League for Nursing (NLN).<sup>xix</sup>

### Nurses Associated Alumnae of United States and Canada (1896)

Sponsored by the Society of Superintendents of Training Schools whose purpose was to: "To establish and maintain a code of ethics; to elevate the standards of nursing education; to promote the usefulness and honor, the financial and other interests of nursing." *Minutes of the Association, February, 1897* In 1912, their name was changed to American Nurses Association.

There were several early efforts to bring an educational focus to early nurses training including::

1. The introduction of preparation for the new student rather than the immediate assignment to patient care. In 1895, the Waltham MA hospital training school introduced a 6 month preparatory course to provide students with a scientific background and training in nursing procedures before clinical experience. This concept was gradually taken up by other schools.
2. Post graduate education - Teacher's college, Columbia University (1899) developed courses and curriculum leading to a BA to prepare future teachers of nursing .
3. Early Collegiate Programs: University of Minnesota-resided in the Department of Medicine (1910 - first degree offered 1919) BS degree with diploma in nursing { 3 year University program + 2 years 4 months in school of nursing.)

### **Graduate Nurse Employment**

Upon graduation from the early training schools the majority of graduate nurses were self employed as private duty nurses' Since the student nurses were being trained to work as independent, private duty nurses, hospitals and physicians felt that it should be part of their training to be sent into the homes of physician's patients. The money the student's earned going

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to the hospital. Private duty cases required the nurse to be on duty 24/7 usually sleeping in a chair in the patient's room so she would be available if needed. Part of the 'training' of the private duty nurse was to learn the etiquette involved in living in the patient's household; where the nurses was neither a guest nor a servant. Private duty nursing could also include private duty within the hospital. As education became more regulated in the early 1900's, student nurses were no longer allowed to be used to provide nursing care for money.



Hospitals hired few graduates; usually as superintendents or head nurses. The superintendent was in charge of the hospital nursing school and the nursing staff. Since the pupil nurses were the nursing staff, it was logical to combine the position. A few graduates worked as public health as visiting nurses, in clinics or schools, and some were employed by physicians as office nurses..



**Visiting Nurses, Detroit MI, 1905-1910 Library of Congress: Touring Turn-of-the-Century America<sup>xx</sup>**

### **The Boom Period - 1893 - 1913**

Hospitals, seeing the success of the first nursing training schools, began to clamor to have their own schools. The benefits of having their own schools were many; the patients received what, for the time, was good care while the hospitals were able to staff their facility with pupil nurses at a considerable savings. Hospitals of all sizes wanted their own nursing schools; some with less than 50 beds. It was not uncommon for a physician or surgeon to establish their own small hospital. In the physician owned and smaller hospitals it was often not possible for students to receive the necessary variety of patient care experiences. These schools often had difficulty in attracting enough students to maintain the necessary number of pupil nurses to staff the hospital.

According to Kalisch and Kalisch,<sup>xxi</sup> in 1880 there were 15 schools in the United States; by 1900 there were 432 schools. Because training schools were so popular and every hospital wanted one, several superintendants of training schools, including Isabel Hampton of Johns Hopkins, warned against what was referred to as premature organization. It was not unusual for one trained nurse to be hired to start a school thus bringing to the new school the methods learned at her training school. The result was a variance in quality of the educational experience.

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### New Hospital Schools of Nursing Boom Period: Western Massachusetts

Dates	Training/Diploma
1893 - 1913	There were multiple hospitals - large and small that started a nurse training-school in western Massachusetts during the "Boom" period .Below are some examples
May 1892	Springfield Hospital SON (MA) [Baystate Medical Center]
1893 1896	Sisters Of Providence <ul style="list-style-type: none"> <li>• August 1893 - Providence Hospital Holyoke, MA</li> <li>• September 1893 - Worcester Hospital</li> <li>• 1894 - 1895 Worcester Hospital (St. Vincent's)</li> <li>• 1896 - Mercy Springfield, MA</li> </ul>
<b>1900</b> 1901	Cooley – Dickinson School Of Nursing (started 2 year program; changed to 3 years - date 1903)
<b>Date Unknown</b>	Holyoke Hospital, Holyoke, MA Noble Hospital, Westfield, Ma

*Note: There may be others but these are the ones I was able to trace.*

### Correspondence Schools

Becoming a trained nurse was seen by many young women as not only a way to economic security but also as a preparation for marriage and raising a family. In response to the new found 'glamour' of nursing as well as the economic benefits though to be had, correspondence schools sprang up - graduating students with a little theory and no clinical experience. Graduates wore a uniform and the schools gave their graduates a cap, a school pin and a certificate.

## BECOME A NURSE



Thousands of women who have taken our correspondence course in trained nursing are today earning **\$10** to **\$25** a week.

After completing this course of training Miss Mabel V. Gisin, Wellsboro, Pa., whose photograph is here given, wrote: **"I advise every young woman to take this course whether she intends to do professional nursing or not."**

*Send for our 10th annual 64-page Year Book, explaining method, with stories of actual experience by successful nurses.*

**The Chautauqua School of Nursing**

371 Main St., Jamestown, N.Y.

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## Licensure and Registration

The public did not understand the role of the nurse in patient care nor what to look for regarding credentials. Graduates of 3 year hospital programs competed with graduates of correspondence schools who had no clinical experience. The Nurses Associated Alumnae of United States (later the ANA) fought to regulate the practice of nursing by establishing Nurse Practice Acts containing criteria related to the scope of nursing practice and licensure. The regulation of professional practice falls constitutionally under 'states rights', therefore each state's nurses association had to work to introduce nurse registration bills in their legislature.

" In 1899, Sophia Palmer and Eva Allerton presented papers before the New York State Federation of Women's Clubs. In her paper, Miss Palmer said *"The greatest need in the nursing profession today is a law that shall place training schools for nurses under the supervision of the University of the State of New York. Such a law would require every training school to bring its standard up to a given point"* Miss Nye writing in the Buffalo-based *Trained Nurse*, made a similar argument for the professionalization of nurse." <sup>xxii</sup>

For further information on the story of the New York State Nurse Practice Act visit :

<http://www.rochestergeneral.org/rochester-general-hospital/about-us/rochester-medical-museum-and-archives/online-exhibits/the-nursing-practice-act-the-armstrong-act-of-1903>

Licensure and registration protected both the public and the nurse. Licensure and regulation were, in reality, methods to regulate education; state boards could rely on specific standards of preparation as the nurse obtained a diploma or certification from an acceptable training program. Efforts continued to regulate licensure through standard examinations. North Carolina enacted the first nurse practice act in 1903; New York State' Nurse Practice Act was enacted in 1904.

The title Registered Nurse, "R.N." derived from the discussion in New York State of what the newly licensed nurse should be called..

"The original bill as submitted to the assemblage [ *in New York*] had "Trained Nurse" in place of "Registered Nurse." This was the main area of disagreement: what should the newly certified nurse be called. A number of views were put forth that these nurses should be referred to as "Trained Nurse," "Nurse," "Registered Graduate Nurse," or "Registered Nurse". The debate was reproduced in full in the *American Journal of Nursing* for December 1902:"<sup>xxiii</sup>

Miss Sophia Palmer, Superintendent of Rochester City Hospital (later Rochester General Hospital) clarified the rationale for the use of the term Registered Nurse:

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"the title M.D. guaranteed registration a doctor could not hang out his sign with M.D. until he had been registered by the state." She equated the title R.N. with the respect shown a Doctor with his M.D. "No woman is debarred from nursing because she is not a graduated registered nurse, nor do they (NYSNA) wish to wage any war against such women. The only point was that the public should understand the difference between the two classes, the woman who had spent years in preparation and had passed the examinations, etc., of the registered nurse, and the woman who was nursing without any or little training."<sup>xxiv</sup>

The first state board examinations began in 1913.

### **The period of 'standard-setting and stock taking' 1913 - 1933**

#### Standard Curriculum

The Society of Superintendents of Training Schools for Nurses (later the National League of Nurse Education (NLNE) fought to standardize education so the curriculum would be similar in all schools. New schools were usually formed by graduate nurses from one of the well known schools such as Bellevue, Mass General etc. The new superintendent brought her background with her of her school's program . The curriculum varied and, as each new nursing school was formed, the superintendent and faculty developed their own curriculum.

The NLNE believed that, in order to be assured of the product of the nurse training schools, it was necessary to standardize what students were taught. A Standard Curriculum was published in 1918. by the Committee on Education of the NLNE. However, it was considered a 'guideline' and was not adopted by all nursing schools.

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**STANDARD CURRICULUM**  
FOR  
**SCHOOLS OF NURSING**  
PREPARED BY  
**THE COMMITTEE ON EDUCATION**  
OF THE  
**NATIONAL LEAGUE OF NURSING EDUCATION**  
**1915 to 1918**

M. ADELAIDE NUTTING, <i>Chairman</i> Teachers College New York City	ELSIE M. LAWLER Johns Hopkins Hospital Baltimore, Md.
ISABEL M. STEWART, <i>Secretary</i> Teachers College New York City	MARY BEARD Boston Inst. Dist. Nursing Asso. Boston, Mass.
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1919

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Source: National League of Nursing Education (1949) Standard Curriculum for Schools of

Nursing. Entire book downloaded 5.8.2010 10:45 PM from IA (Internet Archives)

<http://www.archive.org/about/about.php> - Texts <http://www.archive.org/details/standardcurricul00natiiala>

## Goldmark Report (1923)

In 1919 the Rockefeller Foundation funded the *Committee for the Study of Nursing Education*, to study nursing education in the United States. Josephine Goldmark, a social worker, was lead investigator and the report, published in 1923, is known as the Goldmark Report. The committee included, among others, Annie W. Goodrich, M. Adelaide Nutting, and Lillian Wald,

The report concluded that the quality of existing nursing programs was inadequate. It made the following recommendations:

- Nursing schools should have separate governing boards
- Student work week - should have no more than 48 hours per week
- Objective of training programs should be education not service
- University education recommended for future educators

As a result of the report, the Rockefeller Foundation funded an experiment in nursing education which became the Yale School of Nursing. The Yale School of Nursing was the first autonomous school of nursing with its own dean, faculty, budget, and degree meeting the standards of the

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University. Education took precedence over service to a hospital, with training based on an educational plan rather than on service needs

### **Accreditation : Setting standards for nursing education:**

Education standards were set for schools of nursing originally by the States through the Board of Education or Board of Registration for Nursing.<sup>2</sup>

As educational reforms brought changes in the hospital schools of nursing, the schools were required to hire faculty. Small hospitals (< 100 beds) found it uneconomical to maintain a school of nursing and graduate nurses (RN) provided nursing care. They were forced to close their schools and staff their hospitals with graduate nurses.

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<sup>2</sup> Later standard setting organizations were:

- National: National League Nursing Education (NLNE) (1938) In the 1950's the name was changed to the National League for Nursing (NLN) In 1969, the NLN assumed the accreditation of graduate nursing programs.
- In 1997 the National League for Nursing transferred the responsibility for all accrediting activities to the NLNAC, an independent new subsidiary..
- In 1980, the American Association of Colleges of Nursing (AACN) was formed. This accrediting body focused exclusively on baccalaureate and graduate nursing programs.

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## The Depression

### *Too Many Nurses*

**D**ISTRICT NO. 6 of New Jersey wishes to advise nurses not to come to Atlantic City to seek work. There are a great number of nurses living there now without employment and local nurses are given preference.

MARY J. DIETMAN  
*Secretary*

*Atlantic City, N. J.*

The Board of Directors of the Pennsylvania State Nurses' Association regret to inform nurses who are contemplating coming to Pennsylvania, for work, that the supply of nurses far outnumbers the positions available. In the face of the problem of unemployment of nurses, especially in our larger cities, the schools continue to graduate large classes. There were 1,587 graduates who applied for examination in November, 1931, and over 1,116 applied for the March examination. It is impossible to absorb our own graduates and judging from the above figures it would seem as if this might be a problem for some time to come.

ESTHER R. ENTRIKEN  
*Secretary*

*Harrisburg, Pa.*

Due to the fact that Reno and vicinity have many more nurses than the registries can supply with work, Nevada State Nurses' Association warns all nurses thinking of locating here that we are greatly over supplied.

ROSECELLA CUMMINGS  
*President District 1*

*Reno, Nev.*

<sup>xxv</sup>When the stock market crashed in 1929, many patients and families could no longer afford to pay for private duty services. There was an oversupply of nurses. Public Health Services reduced salaries of nurses. Hospital nurses were also concerned about continued employment. Some smaller hospitals were forced to close. Graduate nurses were forced, by lack of work, to give up private duty work and try to find work in hospitals. . Hospitals, for economic reasons, continued their nursing schools even though the majority of the graduates were not able to find work. Student nurses continued to provide the majority of nursing care. Nurses, now unable to find enough private duty work, were reluctant to return to hospital work as many hospitals required them to live in the nurses residence, work long hours and split shifts. Some hospitals took advantage of the economic situation and offered to employ a graduate nurse for 'room and board' in lieu of wages.

As the letters to the editor of the American Journal of Nursing in 1932 indicate many state nurses associations warned graduate nurses that there were no jobs available and not to come to their state.

## Nursing Education in the Depression

According the Kalisch and Kalisch,<sup>xxvi</sup> the number of hospital diploma schools decreased from 2286 in 1929 to 1472 in 1936. This attrition was due to (1)the evaluation studies of the 1920's

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and (2) to the nation's economic status. Private patients could no longer afford private duty nursing. Hospitals began to allow their graduates to remain at work. Their pay, if they received any above their room and board was little more than they received as students. Hospitals without their own nurse training programs could hire graduate nurses for lower wages - about what they had been paying untrained attendants.

Collegiate nursing programs grew. By 1936 there were 70 programs consisting of 2 years general education plus a 3 year hospital diploma program.<sup>xxvii</sup>

### Curriculum Changes: 1936 Guide<sup>xxviii</sup>

Major assumptions of the curriculum guide were:

1. The primary function of nursing schools is the education of nurses. according to the curriculum guide: The following excerpt from the guide presents the argument for training vs. education.<sup>3</sup>

"Should nurses be trained or educated? The answer is for you to give. The Curriculum Guide states, however:

"Training is a matter of fixing habits and skills by a process of repetition so that when a given situation presents itself a certain definite response will automatically result. ... Where training methods predominate, the tendency is to emphasize obedience to the orders of others and to demand conformity to certain prescribed patterns of thought and behavior, to stress the practical utilitarian types of habits and skills, and to pay little attention to intellectual and social skills or to the development of personality. Education, as contrasted with training, is concerned with the growth of the whole individual. While it includes training and discipline, it emphasizes the control of habit by intelligence and the variation of responses to meet the demands of each situation."

"If the main aim of nursing is to help the patient regain and maintain health . . . and if in certain cases activities such as cleaning the room, bathing the patient, taking temperatures, and serving diets, can be carried on by a nonprofessional person in such a way as to achieve these results satisfactorily, such duties should be assigned to those who can do them at the lowest cost commensurate with good results."<sup>xxix</sup>

2. Introduced the concept of the nurse serving the total community rather than just the hospital. Thus, the curriculum should include mental health nursing, public health, an understanding of the socio-economic setting of health problems and health care.

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<sup>3</sup> Comment: The author is a graduate of a diploma program. I can still hear our fundamentals instructor's words: "One trains animals; one educates nurses!"

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The proposed curriculum was 3 years; the year was divided into 3 terms of 16 weeks or 4 terms of 12 weeks with 4 weeks of vacation each year. The first 4 months of the first year were devoted to classroom - both theory and laboratory classes and did not include practice. The school week was between 44 and 48 hours with 1 to 1 1/2 days off each week.<sup>xxx</sup>

There was a focus on the 'art' as well as the science of nursing. as the 'art' of nursing has been interpreted to the ability of the nurse and nursing to 'connect' with people.<sup>4</sup> Other features of the curriculum were an emphasis on psychological aspects of nursing as well as a reorientation from sick nursing to health care,

While many changes were made in nursing education, the depression years , with the shortage of work, were hard for nurses. Schools continued to graduate nurses adding to the work force which was not able to financially absorb them. It was not that nurses were not needed especially in the public health sector; it was there was a lack of money to hire them. Some relief was found in the Works Progress Administration (WPA) with tax-supported public health projects. The Social Security Act of 1935, among its many benefits, provided for grants to states to aid in the development of state and local health services.<sup>xxxi</sup>

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<sup>4</sup> Providing direct patient care exemplifies this connectivity. Nursing arts included such subjects as nutrition, medical and surgical nursing ;the basic sciences such as Anatomy and Physiology, Microbiology , Chemistry, Psychology and Sociology were integrated within the nursing courses.

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- <sup>i</sup> Nutting & Dock, *History of Nursing*, 1907 vol. 2, p 182 - 183
- <sup>ii</sup> Nutting, *Ibid*, p196
- <sup>iii</sup> Nutting *Ibid* 182
- <sup>iv</sup> Nutting & Dock, *History of Nursing*, vol. 2, p 192
- <sup>v</sup> *Ibid*
- <sup>vi</sup> Stewart, Isabel (1935), *An Essential Step in the Reconstruction of Nursing Education*, *American Journal of Nursing*, vol. 35, no.1, pages 58 t- 66.
- <sup>vii</sup> *Ibid*
- <sup>viii</sup> Richards, Linda (1915) *Early Days in the First American Training School for Nurses*, *American Journal of Nursing*, vol 15 no 12 pp 174 -
- <sup>ix</sup> Nutting, *op.cit*
- <sup>x</sup> Richards, Linda (1904) *Thirty Years of Progress*, *American Journal of Nursing*, vol. 4 no 1. pg 265
- <sup>xi</sup> Richards, Linda, (1895), *Address of president Linda Richards: Second Annual Convention of the Superintendents Society, 1895, Boston, Massachusetts*, in Birnbach, Nelle & Sarah Lewenson, Editors, (1993) *Legacy of Leadership*, National League of Nursing Press, pp 17-18.
- <sup>xii</sup> <http://www.rochestergeneral.org/rochester-general-hospital/about-us/rochester-medical-museum-and-archives/online-exhibits/the-nursing-practice-act-the-armstrong-act-of-1903/>
- <sup>xiii</sup> (Bullough and Bullough, 1979 p. 117).
- <sup>xiv</sup> Ashley, Joann, (1976) *Hospitals, Paternalism and the Role of the Nurse*, Teachers College Press, Columbia University pp 76-77.
- <sup>xv</sup> Annual Report 1894, Springfield Hospital, Springfield, Ma..
- <sup>xvi</sup> Columbian Exposition referred to the 400th anniversary of Christopher Columbus' voyage to the New World. The World's Fair was an International Fair. The Columbian Exposition celebrated women with a series of worldwide Congresses.
- <sup>xvii</sup> Benson, Evelyn R., (1993), *Toward Social Reform*, 1993, in Birnbach, Nelle & Sarah Lewenson, Editors, (1993) *Legacy of Leadership*, National League of Nursing Press, p 9 - 10.
- <sup>xviii</sup> Benson, *op.cit* p. 9 - 10.
- <sup>xix</sup> In 1912, the Society of Superintendents of Training Schools name was changed to the National League of Nursing Education (NLNE). In 1956, the NLNE became the National League for Nursing (NLN).
- <sup>xx</sup> Downloaded 8/5/2011 <http://www.elderweb.com/book/export/html/2843>
- <sup>xxi</sup> (Kalisch and Kalisch (2004), *American Nursing: A History*, Lippincott. Williams & Wilkins, pp 98-99.
- <sup>xxii</sup> <http://www.rochestergeneral.org/rochester-general-hospital/about-us/rochester-medical-museum-and-archives/online-exhibits/the-nursing-practice-act-the-armstrong-act-of-1903/>
- <sup>xxiii</sup> *Ibid*
- <sup>xxiv</sup> *Ibid*
- <sup>xxv</sup> Source: Letters to the Editor (1932), *American Journal of Nursing*, Vol 32 No 6 pg 582
- <sup>xxvi</sup> Kalisch and Kalisch (2004), *American Nursing: A History*, Lippincott. Williams & Wilkins, pp288 -290
- <sup>xxvii</sup> *Ibid*
- <sup>xxviii</sup> *Ibid*
- <sup>xxix</sup> May 1938 [www.ncbi.nlm.nih.gov/pmc/articles/.../pdf/calwestmed00375-0088.pdf](http://www.ncbi.nlm.nih.gov/pmc/articles/.../pdf/calwestmed00375-0088.pdf)
- <sup>xxx</sup> Kalisch and Kalisch (2004), *American Nursing: A History*, Lippincott. Williams & Wilkins pp 288 - 289.
- <sup>xxxi</sup> *Ibid* p386-7.